PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of red to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004 DEMARKS
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Complete if Known 09/277,582 Application Number TRANSMIT Filing Date March 26, 1999 For FY 2008 YASUO YOSHIOKA First Named Inventor Examiner Name Armstrong, Angela A Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2626 TOTAL AMOUNT OF PAYMENT 810.00 Attorney Docket No. 051270-0245599 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 033975 Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) \mathbf{X} Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 255 210 105 Design 210 105 100 130 50 65 Plant 210 105 310 160 155 80 Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 **Total Claims Multiple Dependent Claims Extra Claims** Fee (\$) Fee Paid (\$) - 20 or HP = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Number of each additional 50 or fraction thereof Total Sheets Extra Sheets

(round up to a whole number) x

Fee (\$) 260.00

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE Filing Fee

810.00

SUBMITTED BY			·
Signature	myn, mi	Registration No. (Attorney/Agent) 48,468	Telephone 213.488.7253
Name (Print/Type)	Mark R. Kendrick		Date August 25, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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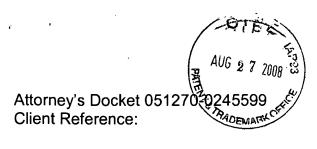
AUG 2 7 2008 Under the Paperwork Red on Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. F. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL Complete if Known 09/277,582 Application Number Filing Date March 26, 1999 For FY 2008 First Named Inventor YASUO YOSHIOKA **Examiner Name** Armstrong, Angela A Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2626 AMOUNT OF PAYMENT (\$)

TOTAL AMOUNT OF PA	IMENI (D	810.00		Attorney Docke	at No. 051	<u>1270-02455</u>	99	
METHOD OF PAYMENT (check all that apply)								
under 37 CF WARNING: Information on thi information and authorization	Deposit Accountified deposit s) indicated be additional fee R 1.16 and 1. is form may be	account, the Direct elow e(s) or underpayme .17 ecome public. Cred	ents of fee	Deposit A eby authorized to Charge (s) X Credi	o: (check all th ge fee(s) indic lit any overpay	PILLSBURY WII hat apply) cated below, e yments	NTHROP SHAW PITTMAN LLP EXCEPT for the filing fee Provide credit card	
FEE CALCULATION	DOLL AND	TYAMINIATION		····				
	1. BASIC FILING, SEARCH, AND EXAMINATION F FILING FEES Small Entity			SEARCH FEES Small Entity		ATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		
Fee Description Each claim over 20 (i Each independent cla Multiple dependent c	2. EXCESS CLAIM FEES Fee DescriptionSmall Is Fee (\$)Each claim over 20 (including Reissues)502Each independent claim over 3 (including Reissues)21010						Small Entity Fee (\$) 25 105 185	
Total Claims - 20 or HP =	Extra Claim	<u>ns Fee (\$)</u> x	Fee F	Paid (\$)			ependent Claims	
HP = highest number of total Indep. Claims - 3 or HP = HP = highest number of indep	Extra Claims	or, if greater than 20. ns Fee (\$) x		Paid (\$)		<u>Fee (\$)</u>	Fee Paid (\$)	
3. APPLICATION SIZE I If the specification and listings under 37 CF sheets or fraction th Total Sheets - 100 =	drawings ex FR 1.52(e)),	, the application 35 U.S.C. 41(a) ts Number	size fee o (1)(G) an er of each	due is \$260 (\$	\$130 for sma 6(s). or fraction the	all entity) for ereof <u>Fee</u>	each additional 50 (\$) Fee Paid (\$)	
 OTHER FEE(S) Non-English Specific 		•	•	scount)			Fees Paid (\$)	
Other (e.g., late filing	surcharge)	: RCE Filing F	ee				810.00	

SUBMITTED BY						•
Signature	711	in mi	Registration No. (Attorney/Agent)	48,468	Telephone	213.488.7253
Name (Print/Type)	Mark R	. Kendrick			Date Au	ugust 25, 2008

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of:

Confirmation Number: 3755

YASUO YOSHIOKA ET AL.

Group Art Unit: 2626

Application No.: 09/277,582

Examiner: Armstrong, Angela A

For: VOICE CONVERTER WITH EXTRACTION AND MODIFICATION OF

ATTRIBUTE DATA

Filed: March 26, 1999

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

FEES

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

	CLAIMS									
	REMAINING	HIGH	EST NO.							
	AFTER	PRE\	/IOUSLY	PR	ESENT				ADD	IT.
	AMENDMENT	ENDMENT PAID FOR E		E	EXTRA RATE		TE	FEE		E
	•					X				
TOTAL	22		59	=	00	\$	50.00	=	\$	0.00
	,	•				X				
INDEP.	6	_	22	=	0	\$	210.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. +										
CLAIM						\$	370.00	=	\$	0.00
-										
TOTAL ADDITIONAL CLAIM FEE								\$	0.00	
REQUEST FOR CONTINUED EXAMINATION FEE								\$	810.00	
TREGOLOT FOR CONTINUED ENVIRONTED LANDING TELE							Ψ	010.00		
GRAND TOTAL								\$	810.00	

FEE PAYMENT

Authorization is hereby made to charge the amount of \$810.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: August 25, 2008

PILLSBURY WINTHROP SHAW PITTMAN LLP
725 South Figueroa Street
Suite 2800
Los Angeles, CA 90017-5406
213 488,7253

MARK R. KENDRICK Reg. No. 48,468

CERTIFICATION UNDER 37 C.F.R. [I] 1.8 and/or 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed by the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature

Date: August 25, 2008

KUMIKO ALEXANDER

(type or print name of person certifying)

^{*} Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under [] 1.8 continues to be taken into account in determining timeliness. See [] 1.703(f). Consider "Express Mail Post Office to Addressee" ([] 1.10) or facsimile transmission ([] 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

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725 South Figueroa Street
Suite 2800
Los Angeles, CA 90017-5406
213 488.7253

MARK R. KENDRICK Reg. No. 48,468

mhila

CERTIFICATION UNDER 37 C.F.R. [1] 1.8 and/or 1.10*

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